SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000075817 (2)

SECHETARY OF STATE

97 OCT -2 PH 12: 5%

GEEX, INC.				MALL MRAGOUT	1 COMO
7	IIIO:				
1 .	ce of Business	Mailing Address		A DOCUMENT OF THE BEST OF THE	13001 01/01 10101 1101/ 1001 1001
159 NORTHW SUITE 613	VEST 70TH STREET	159 NORTHWEST 70TH S SUITE 613	TREET		
BOCA RATON FL BOCA RATON FL				DO NOT WRITE IN THI	IS SPACE
		00011 1111011 12			Date of Last Report
				09/11/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0696023	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		G. Continuate of States Besting	Fee Required
City & State City & St		City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Country	Trust Fund Contribution	Added to Fees
Zip 24	25	Zip 29	Country 30	8. This corporation owes or has paid the of Personal Property Tax due June 30.	current year Intangible Yes No
24)	9. Name and Address of Curre		301	10. Name and Address of New Registers	
BO	GERS, PAULETTE		81 Name		
	9 NORTHWEST 70TH STREET		20 2		
	JITE 613		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
1	OCA RATON FL		83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the above named corp	poration submits this statement for the purpose	of changing its registered
office or r	registered agent, or both, in the Stat am familiar with, and accept the obti	le of Florida. Such change was a dations of, Section 607,0505. Flo	uthorized by the corporations.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	appointment as registered
SIGNATURE		g-11-11-11-11-11-11-11-11-11-11-11-11-11			
SIGNATURE	Signature, typod or printed name of registered a	gent and title if applicable (NOTE	: Registered Agent signature requi		
12.	OFFICERS AF	AL DESCRIPTION OF THE PROPERTY			
TITLE			13.	ADDITIONS/CHANGES TO OFFICERS A	
	DOOFDO HEDIEV DANS T	DELETE	13.		
NAME	ROGERS, HEDLEY PAUL T	DELETE	1.1 TITLE 1.2 NAME		
NAME STREET ADDRESS	ROGERS, HEDLEY PAUL T 159 NORTHWEST 70TH STR	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	1 1 1 1 1 2 2 1 3 1 3 1 1 1 1 1 1 1 2 2 1 3 1 3	- 1 Change _ Addition -01159022
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.